

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

September 10, 2021

3:39 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Shelley Hughes, Vice Chair
Senator Mia Costello (via teleconference)
Senator Lora Reinbold
Senator Tom Begich

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 67

"An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 67

SHORT TITLE: NURSING: LICENSURE; MULTISTATE COMPACT

SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

02/03/21	(S)	READ THE FIRST TIME - REFERRALS
02/03/21	(S)	HSS, L&C
02/23/21	(S)	HSS AT 1:30 PM BUTROVICH 205
02/23/21	(S)	Heard & Held
02/23/21	(S)	MINUTE(HSS)
02/25/21	(S)	HSS AT 1:30 PM BUTROVICH 205
02/25/21	(S)	-- Public Testimony --
04/15/21	(S)	HSS AT 1:30 PM BUTROVICH 205
04/15/21	(S)	Heard & Held
04/15/21	(S)	MINUTE(HSS)
04/20/21	(S)	HSS AT 1:30 PM BUTROVICH 205
04/20/21	(S)	Failed to Move Out of Committee
04/20/21	(S)	MINUTE(HSS)

09/02/21	(S)	THIRD SPECIAL SESSION BILL
09/03/21	(H)	THIRD SPECIAL SESSION BILL
09/10/21	(S)	HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

SARA CHAMBERS, Director
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions on SB 67.

ACTION NARRATIVE

[3:39:28 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 3:39 p.m. Present at the call to order were Senators Costello (via teleconference), Hughes, Reinbold, and Chair Wilson. Senator Begich joined the committee thereafter.

SB 67-NURSING: LICENSURE; MULTI-STATE COMPACT

[3:40:11 PM](#)

CHAIR DAVID WILSON announced the consideration of SENATE BILL NO. 67 "An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date."

CHAIR WILSON explained that the bill failed to move from committee on April 20, so it falls within the committee's jurisdiction to take it up again.

[3:41:08 PM](#)

SENATOR REINBOLD requested an explanation of why the committee was taking the bill up after it failed to move from committee and what changes had been made since that time.

CHAIR WILSON responded that the bill was still within the committee's purview, so there was no need to rescind the previous action.

SENATOR REINBOLD asked why the committee was hearing the bill now when members chose not to move the bill from committee [on 4/20/21.]

CHAIR WILSON stated that Ms. Chambers would answer the question.

[3:42:04 PM](#)

CHAIR WILSON moved to adopt the work draft committee substitute (CS) for SB 67, work order 32-GS1603\B as the working document.

[3:42:16 PM](#)

SENATOR HUGHES objected for purposes of discussion.

CHAIR WILSON explained that the CS includes the amendments the members passed previously, although the bill did not advance from committee. The three amendments that were adopted were A.5 [2], A.6 [3], and A.7 [4], which are incorporated into the work draft. The CS also contains an additional amendment for the members to consider.

SENATOR HUGHES asked for a recapitulation of the three amendments that were adopted.

[3:43:22 PM](#)

At ease

[3:43:39 PM](#)

CHAIR WILSON reconvened the meeting and reviewed the amendments that were adopted on 4/15/21 and 4/20/21. Amendment 2 was related to the employment of nurses holding a multistate license.

SENATOR HUGHES asked if Amendment 2 addressed the maintenance of an out-of-state nurse registry.

CHAIR WILSON replied yes.

CHAIR WILSON explained that Amendment 3 was clarifying and conforming language regarding the privilege to practice. Amendment 4 was regarding two hours of Alaska Native culture training.

[3:46:10 PM](#)

At ease.

[3:48:11 PM](#)

CHAIR WILSON reconvened the meeting. He explained that Amendment 2 [added a new bill section that] required employers to notify the nursing board of an out-of-state nurse's hire and termination within 30 days. In addition, the board of nursing would create regulations regarding items in the database and be responsible for informing employers. [This is Section 21 in the

CS.] The CS also adds a new subsection (e) to Section 21 on page 11, line 28. It states that a fine of \$1,500 may be imposed if an employer fails to report the information to the Department of Commerce, Community and Economic Development (DCCED). The legislature may appropriate the money from these fines back to DCCED to offset investigative costs. A registry provides an accurate accounting of out-of-state nurses working in Alaska, making the investigation of a complaint easier.

[3:50:46 PM](#)

SENATOR HUGHES asked if he would support a conceptual change to make the registry public on the Board of Nursing website; this would hold businesses accountable for hiring Alaska residents.

CHAIR WILSON deferred the question to Ms. Chambers; he did not know if that information was public.

[3:51:55 PM](#)

SARA CHAMBERS, Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development, Juneau, Alaska, answered yes; an Alaskan's licensing information is available on the department's website. It would be possible to make a separate public registry for multistate licensed nurses.

[3:52:23 PM](#)

SENATOR HUGHES asked if she would support specifying in SB 67 that DCCED would publicly post the registry for compact nurses.

MS. CHAMBERS replied that the addition to the bill would not be a problem for DCCED.

[3:53:00 PM](#)

SENATOR BEGICH joined the committee.

[3:53:08 PM](#)

CHAIR WILSON asked Senator Hughes if she maintained her objection to adopting the CS.

[3:53:14 PM](#)

SENATOR HUGHES removed her objection.

CHAIR WILSON found no further objection, and version B was adopted.

[3:53:24 PM](#)

At ease.

[3:55:37 PM](#)

CHAIR WILSON reconvened the meeting. He asked Ms. Chambers why the administration asked the committee to reconsider SB 67 and what had changed since the committee last heard the bill.

[3:56:42 PM](#)

MS. CHAMBERS expressed appreciation for the invitation to comment. She explained the urgent need for the Nurse Licensure Compact (NLC) and the reason for adding it to the Special Session call. She read the following prepared testimony:

Due to the surge of COVID 19 across Alaska and the healthcare workforce shortage, it is imperative that we find a solution to allow competent and capable nurses to fill vacancies and provide services to Alaskans. The most immediate and safest solution is for Alaska to join the Nurse Licensure Compact.

We all have read the daily headlines about the current status of Alaska's health care situation. "Crisis," "dire," and "disaster mode" are just some of the words that have been used to describe what it is like within hospitals and long-term care facilities. Healthcare providers are pleading for relief.

In response, the Alaska State Hospital and Nursing Home Association has requested assistance through DHSS in expediting recruitment of 298 registered nurses and 105 certified nurse aides through a request to FEMA to fill vacancies across the state. We anticipate these nurses could be here as soon as the end of the month. While this influx of much needed healthcare worker assistance would be welcomed, this requires the Board of Nursing staff to vet and process licenses for each individual arriving. I cannot stress enough the enormous burden this will place on our already maxed-out staff, and the effect a delay in getting those nurses into hospitals due to licensure will have on already maxed-out health care facilities.

So, is the NLC really the best solution?

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MS. CHAMBERS continued reading:

Our division, which is responsible for licensing more than 90,000 professionals to provide services to Alaskans, has bent over backwards, with a lot of help, to identify every tool that could possibly be placed in our toolbox to safely and efficiently get qualified nurses to work—particularly in the last 18 months that we have responding to COVID demands.

Last fall, the Board of Nursing adopted regulations creating an emergency courtesy license—or *ECL*—for registered nurses. Since November 2020, our staff has issued hundreds of ECLs, which receive expedited review, are valid for a limited time, and are only issued for emergency purposes. Since then, the demand for longer-term licensure has also increased. Our nursing program issued 14 percent more licenses in FY21 than the previous year.

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For high-volume programs like nursing, ECLs cannot be expedited any more than they are right now. If just a handful of applications are received, it only takes our staff a few days to issue ECLs, once a complete and correct application is submitted. However, if we receive hundreds of nursing ECL applications at once—as we have over the last eighteen months and we are expecting through the FEMA request later this month—these will take weeks to process due to the high volume and our current capacity. We don't expect this trend to slow down any time soon.

We are hiring additional staff and are offering overtime to current staff; however, the demand to perform this work has dramatically outpaced our ability to hire, train, and supervise the number of people needed to properly vet applications for health care licenses.

As of today, forty-four percent of nurses licensed by the Alaska board hold an address of record that is outside Alaska. Traveling nurses are always in high demand since Alaska nursing programs do not have the capacity to produce the thousands of nurses required to meet Alaska's healthcare needs, especially during COVID.

The only way to further expedite professional licensure is to bypass it, and the only way to do that without creating a potential risk to public health and safety is by joining the Nurse Licensure Compact so nurses can get to work immediately.

[4:01:01 PM](#)

MS. CHAMBERS continued reading:

Multi-state-licensed nurses have been vetted at a higher standard than our own law requires, standards that are written directly into SB 67. The compact legislation before you spells out the legal responsibilities of the Alaska board to enforce and report unsafe nurses, just as they do now. Embedding the compact into Alaska law ensures these standards cannot be changed without an act of the Alaska State Legislature, and it guarantees the Board of Nursing retains full authority over the practice of nursing in our state. The Alaska State Board of Nursing and 89percent of Alaska-resident nurses support the NLC for these very reasons.

As with any state law, the legislature has the power to repeal this legislation at any time if it's determined the NLC is not the best fit for Alaska.

To summarize, Legislative adoption of the Nurse Licensure Compact—or NLC—is the *only immediate* solution to safely allow qualified nurses to provide desperately needed healthcare services to Alaskans.

This is brought to your attention right now because the governor does not have the power to write and adopt or amend state law, even under a disaster declaration. Because the effort needed to help our hospitals and nursing homes requires substantive changes to state law, the governor is asking the legislature to put political motivations aside and pass this critical, beneficial legislation to immediately relieve Alaska's health care network.

Chair Wilson and members of the committee, I appreciate your time and consideration of this important and urgent piece of legislation today. On behalf of the governor, I urge you to consider the overwhelming support that has come from health care

stakeholders across the state and enact meaningful change to address this crisis.

4:03:04 PM

CHAIR WILSON thanked Ms. Chambers. He recognized that Senator Begich had joined the committee and that Senator Costello was attending via teleconference.

SENATOR BEGICH said that while Ms. Chambers mentioned not wanting to politicize the Nurse Licensure Compact, using the pandemic to pass legislation could be considered politicizing. He stated he is not convinced of Ms. Chamber's facts. He asked if SB 67 is a temporary solution to the nursing shortage.

MS. CHAMBERS replied that the administration proposed this needed legislation before the pandemic. The shortage has been exacerbated by COVID. DCCED has worked with departments, organizations, and the administration trying to find solutions. It has added positions and overtime, which takes time and training. If alternatives to the NLC could maintain the safety, standards, accountability, and jurisdiction of the Alaska Board of Nursing, the department would consider them. The NLC is the fastest no sacrifice means to resolve the growing pre-pandemic nursing shortage crisis.

SENATOR BEGICH responded that members did not feel the legislation was necessary before the pandemic, had a different opinion from DCCED, and did not advance it. Although there is now pressure because of the pandemic, the facts do not merit change. He concluded that joining the compact would not fix Alaska's shortage problem since the shortage is nationwide.

4:07:44 PM

MS. CHAMBERS agreed that there is a greater need for nurses nationwide. However, Oregon's implementation of the model, which DHSS has leveraged through requests from the Alaska State Hospital and Nursing Home Association (ASHNHA), shows that 500 nurses can be requested and obtained. The department's purpose is not to impede facilities' hiring, yet licensing is taking six weeks. There may not be enough nurses nationwide. However, providers and facilities call DCCED asking for a faster way to get through the licensing process so people they have hired can begin working.

CHAIR WILSON announced online were Heidi Hedburg, Division Director of Public Health; Gene Wiseman, Section Chief for Rural

Community Health Systems, Division of Public Health; and Clint Farr, Deputy Director for the Division of Public Health.

SENATOR BEGICH said we have emergency regulations that allow for expedited and courtesy licenses. He suggested hiring licensing staff for vetting would be better than creating a permanent statutory change that gives away legislative authority.

4:10:43 PM

SENATOR BEGICH asked why the emergency hire regulations are inadequate and whether the CS would make Alaska ineligible for the compact.

MS. CHAMBERS replied that the department has struggled with staffing for eighteen months. COVID has led some state agency workers and health care providers to be exhausted, and nursing board staff have resigned due to burnout. The administration has been generous in authorizing positions, but not enough qualified people have applied and those hired need training. Overtime has been offered to examiners. She said she is carrying two boards to free up staff. The addition of staff to address licensing needs becomes an expense to licensees.

SENATOR BEGICH interjected that over half a billion dollars in COVID relief money and discretionary money within the Governor's Office and DHSS could legitimately cover licensing expenses so that fees are not passed to licensees.

MS. CHAMBERS responded DCCED has worked with health and social services and public health to identify available money to use for overtime pay. The COVID funding that he mentioned is being used for licensing the 300 nurses requested by ASHNA, but COVID has been taxing the department for eighteen months. Permanent positions will need to be added. The department is working to address the nursing shortage and is open to additional suggestions that help.

SENATOR BEGICH asked whether the CS would make Alaska ineligible for the compact.

MS. CHAMBERS replied that she has not read the memo provided to the committee. However, if members support the CS with its presented changes, the department will see if changes need to happen in a future committee.

4:15:24 PM

At ease.

4:17:06 PM

CHAIR WILSON reconvened the meeting. He asked Ms. Chambers if she recalled any compact concerns with Amendment 7 when it passed on 4/20/21. He noted that compact representatives were online. He also asked if she had any comments on the memo after reading it.

MS. CHAMBERS responded that she recollected that there was not an additional opportunity to speak to the amendments. SB 67 subsequently was not discussed further in the committee. There was no opportunity to address Amendment 7's required cultural education training for compact nurses. She stated that it would prevent Alaska from entering the compact, and cultural education is not required for nurses licensed in Alaska. No test even approaches that level of education for any Alaska nurse or nurse among the forty-four percent applying for and receiving licensure in Alaska now.

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SENATOR REINBOLD asked if the compact had anything to do with money from the Federal Emergency Management Agency (FEMA) or US General Services Administration (GSA).

MS. CHAMBERS replied that the nursing compact has nothing to do with any federal agreement or funding. It does not make the state beholding to any federal contract, and it is separate from DHSS efforts, which Ms. Hedburg could address.

SENATOR REINBOLD asked if there are any vaccine requirements regarding this compact.

MS. CHAMBERS answered that vaccination requirements are not part of the compact and are not part of DCCED's licensing scheme.

SENATOR REINBOLD asked what the vaccination status would be of the 300 needed health care providers.

MS. CHAMBERS replied that the department does not know the vaccination status of any nurse working or who comes to work in Alaska.

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SENATOR HUGHES asked if the Board of Nursing would be open to the suggestion of required cultural training for all Alaska nurses unless they have lived in Alaska for a certain amount of time.

MS. CHAMBERS responded that all the department's licensing programs require continuing education, and cultural education could become a requirement for all Alaska nurses.

4:22:09 PM

MS. CHAMBERS said that adding licensing requirements for compact nurses to complete before they can begin work defeats the purpose of the compact. Before compact attorneys can determine whether the additional training requirement would affect compact eligibility, the National Council of State Boards of Nursing (NCSBN) would need to decide the training specifications.

SENATOR HUGHES doubted whether having all nurses take the training would help compact eligibility. She asked if the Emergency Courtesy License (ECL) requirements are as stringent as Alaska-only or multistate license requirements. She asked if a multistate license ensures a safer setup for patients than an ECL.

MS. CHAMBERS answered that the legislature originally authorized the ECLs in Senate Bill 241. It was called an expediated process because it had very few requirements. The department looks at whether an applicant has an encumbered license and whether they are under investigation. When an issue is found, there is a process for further investigation. A permanent Alaska license has these same two and many other requirements.

The permanent Alaska license is less rigorous than the multistate license. The standards for the multistate license would not be delegated to the board of nursing, as is currently done with the Alaska license. The multistate license standards would be set through the legislature. By joining the compact, the state would be raising the standards for licensing without ceding authority and joining the compact would speed up the hiring process.

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SENATOR HUGHES summarized that the most stringent license is multistate, and the least stringent license is ECL. She stated she believes this is an important realization because it is the responsibility of legislators to think about patients and safety. She reiterated that DCCED is short-staffed, has positions open and money to hire but not enough qualified applicants. She asked if ECL nurses are hired from outside the state.

MS. CHAMBERS responded yes; ECL nurses are recruited from outside the state and offered a position by an Alaskan facility. At the facility's request, the department tries to fast-track the applicant using the ECL standards. The ECL is a limited 180-day license with an additional 180 days possible. It is a shorter-term license, but once a person has been issued it twice, they need to obtain a permanent license.

SENATOR HUGHES surmised that the licensing options for solving the nursing shortage in Alaska are either bringing in out-of-state nurses at a less stringent standard using the ECL or bringing in out-of-state nurses at a more stringent standard using the multistate license. Staff to promptly process ECLs is lacking. She stated she wants every Alaskan nurse to have the first chance at a job opening. The registry for nurses hired outside the state will hold employers accountable for hiring in-state nurses when possible. She stated her belief that safety is essential, and nurses employed from outside the state should meet high standards.

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SENATOR COSTELLO questioned whether the higher standards required of the multistate license would put state-licensed Alaskans at a disadvantage for employment.

MS. CHAMBERS replied that she is not implying the Alaska Board of Nursing has low standards. Under state standards, there are optional elements to licensing that the Board of Nursing has control over. There are no optional elements to the multistate license because the compact states universally adopt the standards. The purpose of the multistate license is to expedite hiring and ensure nurses meet or exceed state standards. State nursing boards decide individually if a nursing misdemeanor disqualifies a nurse from being state-licensed. Under the compact, a nurse who has had a nursing misdemeanor will not be eligible for a multistate license. The standard is universally established by all states who are in the compact.

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Healthcare providers are desperate for anyone qualified and safe. The department is seeing health care providers, such as ASHNA and its members, supporting the NLC. Alaska has a lot of great nurses, but there are not enough of them. Employers are not looking at a tiered system. They are looking to hire employees they desperately need.

SENATOR COSTELLO stated that a process to expedite emergencies was contemplated and put into place because the state has struggled with nursing shortages. She suggested the better long-term solution would be reassigning, training, and using the established emergency licensing process.

MS. CHAMBERS replied that those tools are being fully utilized and are not adequate to meet the surge in demand caused by COVID. She reiterated that she is open to new ideas.

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SENATOR BEGICH responded that it is misleading to say members have two options for bringing nurses into the state; in fact, there are no nurses available. Getting nurses licensed under the less stringent ECL requirements is the easier path. He asked how a more stringent multistate licensing pathway fixes the shortage if there are not enough nurses using the easier pathway.

Alaska's continuing education standards exceed those of many compact states. He voiced aversion to giving the Alaska nursing board's local discretion to a compact managed by consensus and unfamiliar with Alaska's needs. He sought confirmation of the state's ability to change laws that conflict with the compact.

MS. CHAMBERS answered that there is no handing over or ceding of power. The compact would be state law. The Alaska Legislature would make decisions about standards. Alaska could be a member of the compact and still have an Alaska-only state licensing process. Nurses could choose to have an Alaska-only license. The department does not want to get rid of the existing process and laws. The compact is a different licensing path that the Alaska Legislature could put into law. The legislature could align state licensing standards with compact licensing if it chooses; the Alaska license is a separate purview. The compact is a business agreement that says all participating states agree to a specified set of standards for a specified license that has specified benefits. All compact states participate in the national state legislature change process when any state desires a change. Alaska would then decide whether to continue to participate in the compact.

The ECL is an emergency response tool that the board adopted to process nurses faster. The compact could be another tool of the legislature that can do more than the department has the legal authority to do.

[4:37:19 PM](#)

SENATOR BEGICH asked if the state would be able to collect a licensing fee from compact nurses.

MS. CHAMBERS explained that DCCED would be able to offer the compact multistate license to Alaskan nurses. There are almost 10,000 Alaska licensed nurses who have an address of record in Alaska. These nurses could choose to keep their Alaska license and apply for a multistate license; Alaska would receive the fee if they did. Each state retains its own receipting. Alaska would not accept funds for multistate licensed nurses coming into Alaska. Alaska multistate licensed nurses likewise would not pay a fee to work in another compact state.

SENATOR BEGICH sought clarification and stated his understanding that Alaska will receive compact fees for nurses who are Alaskan residents that choose to obtain multistate licenses. Alaska will not collect a compact licensing fee from nurses coming from outside the state.

MS. CHAMBERS replied, correct.

4:39:35 PM

SENATOR HUGHES asked if any part of a nurse's multistate license causes the state or the Board of Nursing to sacrifice autonomy.

MS. CHAMBERS replied that there is no sacrifice of autonomy coming to or while working in Alaska. The board of nursing retains complete jurisdiction over nurses operating in the state regardless of their license type. The board of nursing, through DCCED, can take away a multistate licensed nurse's right to practice in Alaska when complaints are reported.

When complaints are reported against a multistate licensed nurse, DCCED files a report to a national database and the nurse's home state. Revoking the nurse's practice in Alaska consequently revokes their practice in other compact states until the home state completes an investigation. Licensing fees paid to the home state help pay for the investigation done by the home state. The home state issues the multistate license and determines if the license should be revoked or disciplined. The Alaska Board of Nursing solely determines whether a nurse can practice in Alaska.

SENATOR HUGHES recalled hearing that DCCED is backlogged with ECL applications. She asked if the state joined the compact, were some nurses in the backlog holding multistate licenses, and if so, could they be put to work immediately.

4:42:23 PM

MS. CHAMBERS answered that the department receives multiple applications a day for ECL nurses that are desperately needed in hospitals and long-term care facilities. Regardless of where they are from, ECL applicants must submit documentation and await review.

She presumed that since there are thirty-eight compact states and the department accepts ECL applications from all states, many of the nurses in the backlog would be from compact states. DCCED does not ask ECL applicants if they have multistate licenses because Alaska is not a compact state, and the department does not have a way to bypass the paperwork. If Alaska were to become a compact state, any nurse holding a multistate license would be able to start work. An employer would only need to register them within 30 days. Until Alaska enters the compact, every applicant will be processed through the backlog that existed prior to and made worse by COVID.

SENATOR HUGHES asked if it is correct that eighty-nine percent of nurses in Alaska want to be part of the compact.

4:44:05 PM

MS. CHAMBERS replied yes; the department did a comprehensive statistically sound study in 2019 and provided the methodology to the legislature. In the study, ninety-two percent of nurses want the Nurse Licensing Compact (NLC), and eighty-nine percent of those respondents are Alaska-based nurses.

SENATOR COSTELLO asked if there is information available on nursing shortages in compact states. Idaho is a compact state that is experiencing a nursing shortage. She said she is unsure if joining the compact will provide the needed result.

MS. CHAMBERS replied that she would give information to the members.

SENATOR BEGICH said he would like to address Article V of the compact. It says only the home state has the power to take adverse action against a nurse's multistate license. He asked whether it is correct that the nursing board can ask the nurse to leave [not practice] but cannot take adverse action against them.

MS. CHAMBERS replied that adverse action on a license is a legal action that restricts the license itself. Included in the CS,

the privilege to practice does not legally alter a nurse's license, and it is not an adverse action or discipline. Privilege to practice enables the nursing board to tell a nurse they may not practice in Alaska. For example, a 17-year-old may not lose his license, but the mother has the privilege to say he may not drive her car.

SENATOR BEGICH questioned how an adverse action is conveyed to the home state if Alaska cannot take adverse action.

4:48:08 PM

MS. CHAMBERS said the department would send a report to the home state and the national nurse discipline database. The notice informs the home state that there is a problem. Under the awareness of all states, the home state would work with investigators and act on the license. If it were an adverse action like a felony, the license would be revoked. The home state would report the action taken to the national database.

CHAIR WILSON said the CS adds to SB 67 relating to a \$1500 fine per infraction by any employer who does not comply with the registry reporting requirements. Fees collected will be used by licensing to offset costs associated with maintaining the database and carrying out investigations. It changes the effective date from January 1, 2022, to immediately.

4:50:17 PM

CHAIR WILSON recessed the meeting to five minutes after the floor session ends.

5:27:55 PM

CHAIR WILSON reconvened the meeting. He asked Ms. Chambers for her closing comments.

MS. CHAMBERS thanked the committee for considering a way to address Alaska's immediate health care need. She restated that ninety-two percent of Alaska licensed nurses are supportive of the NLC. Eighty-nine percent of those are Alaskan residents, and eighty-seven percent are union members. Nurses are asking for relief.

MS. CHAMBERS said she received a text during recess from the Board of Nursing Chair [Danette Scholeder], who stated every nurse wanting to work in Alaska would have a job because there are not enough Alaska nurses to fill the need. The NLC is a new concept for Alaska that members should continue learning about.

The NLC is a logical, reasonable, small government approach to getting health care providers to Alaska with no risk.

5:30:30 PM

SENATOR REINBOLD stated concern with SB 67. She has a letter from the Alaska Nurses Association stating that 1,500 nurses in Alaska are opposed to SB 67. She opined that the 2019 survey Ms. Chambers mentioned is outdated and taken out of context. Many individuals and the AFL-CIO oppose the legislation. She asked that members read the letters of opposition. She stated she believes in holistic care, supports Alaskan workers first, and hopes SB 67 is tabled.

SENATOR BEGICH stated that Alaska does not produce enough nurses. The state has a high-quality nursing program, but there is a waitlist to get in. He suggested the state should do more to build Alaska's workforce of nurses. He recommended the legislature determine the amount of funding it would take to move Alaska's first-class nursing school to a place where it is producing so many nurses that a shortage is no longer an issue. He stated he hopes legislators join him in making this broader solution happen. It is a better long-term solution for Alaska.

5:35:06 PM

CHAIR WILSON stated he would hold SB 67 in committee for future consideration.

5:35:54 PM

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 5:35 p.m.